Kentucky Employees' Health Plan 2010 Open Enrollment Training



At KEHP, "Members Matter"

Today's Agenda



8:30 a.m. – 10:00 a.m. Your KEHP for 2010

10:00 a.m. – 10:15 a.m. Break

10:15 a.m. – 11:15 a.m. Humana (FSA and Wellness)

11:15 a.m. – Noon Reminders/ Questions



DEI Contact Information

Commissioner's Office

• *502-564-0358*

Member Services Branch

- *888-581-8834*
- 502-564-6534
- 502-564-5278 Fax

Enrollment Information Branch

- *502-564-1205*
- 502-564-1085 Fax

Data Analysis Branch

• *502-564-7101*

Flexible Benefits Branch

- 502-564-0350
- 502-564-0364 Fax

Financial Management Branch

- 502-564-9097
- 502-564-0715 Fax

Administration Overview

DEI (Department of Employee Insurance)

Oversees the administration of KEHP

KEHP (Kentucky Employees' Health Plan)

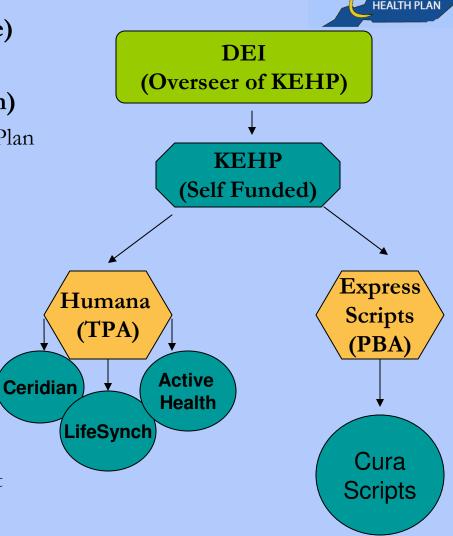
- Provided through a Section 125 Cafeteria Plan
- Self-funded since 2006 (Commonwealth assumes the risk of claims)

Humana is the TPA (Third Party Administrator)

- Process health insurance claims
- Process FSA/HRA claims
- Provide access to their provider network
- Partner with Ceridian to provide COBRA
- Mental Health Benefits with LifeSynch
- Informed Management Care Programs with Active Health

Express Scripts (ESI) is the PBA (Pharmacy Benefit Administrator)

 Partners with CuraScript Pharmacy to provide certain oral and injectible specialty medications



OPEN ENROLLMENT



- → Mandatory Open Enrollment October 12th October 25th!
- → Active Employees and KCTCS Retirees will enroll online at <u>kehp.ky.gov</u>.
- → Retirees will enroll through their retirement system
- → Hours for assistance for members will be:
 - → Monday Friday 8 a.m. to 8 p.m. EST
 - → Saturday Sunday 8 a.m. to Noon EST

Paper Enrollment



- A Retiree
- A Retiree returned to work
- Paying by cross-reference with a retiree
- A new employee who has not yet enrolled for 2009 or who wants to begin a cross-reference payment option
- Switching the "primary" planholder on a crossreference payment option
- Ending a cross-reference payment option

WHO TO CALL??



>For local, personalized help contact your Insurance Coordinator

Check with your Human Resource Administrator or go to kehp.ky.gov to find your Insurance Coordinator's name and number

>For assistance with your Employee ID and Password

Commonwealth Office of Technology

Outside Frankfort: 1-877-741-7017**

In Frankfort: 564-3116 **

>For computer or technical assistance

Commonwealth Office of Technology

Outside Frankfort: 1-866-746-1613**

In Frankfort: 564-4597**

>For information about your current benefits

Humana Customer Service & Open Enrollment Hotline

1-877-KYSPIRIT (1-877-597-7474)

WHO TO CALL??



> For other information about Open Enrollment

Department of Employee Insurance Member Services Branch

Outside Frankfort: 1-888-581-8835

In Frankfort: 564-6534

The DEI Phone Message will prompt you to choose from one of the following four options:

Option 1

User ID & Password or Computer/Technical Assistance

Option 2

Benefits Questions

Option 3

Web Enrollment & Eligibility

Option 4

Member Services

^{**} Telephone service at these numbers is only valid between October 12th and 25th.

Available levels of coverage



Single



Couple



Parent Plus



Family



Cross-Reference Payment Option



Cross-reference payment option is available to members who have a spouse who is active with an agency that participates in KEHP.

- Legally married (husband and wife)
- ➤ Both eligible employees or retirees* of a participating agency
- > Must elect same coverage
- ► Both must sign same application

* Members of the Judicial and Legislators Retirement Plans are not eligible to elect the cross-reference payment option

Cross-Reference Payment Option



When can it be selected?

- During Open Enrollment
- >At time of hire*
- >At retirement*



- During certain Qualifying Events* (such as marriage and birth/adoption/placement)
- >When spouse's QUASI group joins the KEHP

^{*} Restrictions apply (see Admin. Manual, Chapter 1, Section IV)

Cross-Reference Payment Option



If enrolling in a cross-reference payment option, caution your employees of the following:

- This payment option terminates when one of the employees terminates employment or begins LWOP.
- When the cross-reference payment option ends, the remaining planholder will default to parent plus coverage. However, the remaining planholder has the option to enroll in single coverage or to elect dependent coverage for the former planholder. To make any changes, the remaining planholder must submit a KEHP Add/Drop Form within 35 days of the end of the cross-reference eligibility.

Enrollment Deadline



Employees who do not meet the enrollment deadline will have no health insurance coverage. They will only have a waiver with no HRA.

- They will not be able to enroll in coverage until the next Open Enrollment period unless they experience a QE that will allow enrollment
- Insurance Coordinators must submit the application to DEI indicating that the employee failed to enroll (referred to as a "Forced Waiver")

2010 Health Insurance Plan Options



- 1. Commonwealth Maximum Choice
- 2. Commonwealth Optimum PPO
- 3. Commonwealth Capitol Choice
- 4. Commonwealth Standard PPO









The Commonwealth Maximum Choice plan is a consumer-driven plan that includes a KEHP-funded Health Reimbursement Account (HRA). KEHP contributes to the HRA:

- » \$1000.00 for single coverage
- » \$1500.00 for couple coverage
- » \$1500.00 for parent plus
- » \$2000.00 for family
- > Can be used to pay down deductible
- > HRA funds not used during plan year will roll over if the same plan is elected during Open Enrollment for the next plan year
- Member pays up-front for physician visits (except preventive) and prescriptions until deductible is satisfied. Plan will then pay 90% until maxout-of-pocket is attained. Members can use the HRA funds via the Humana Access Card to pay for these services at no out-of-pocket cost until the HRA balance is exhausted.
- > Plan pays 100% for medical and prescriptions <u>after</u> max out of pocket limit has been reached
- > HRA funds can be used for a variety of medical, dental, vision and other expenses. (Non-medical expenses do not count towards deductible or max out of pocket)



Members electing the Commonwealth Maximum

Choice plan will receive a Humana Access Card (HAC).

It is a VISA card sent to members enrolled in either a Healthcare

FSA or an HRA to be used to pay for qualified expenses.

Must be activated prior to use!!!!

- No PIN required. Select the "credit" option
- Amount of transaction is automatically deducted from FSA and/or HRA balance. If have both FSA and an HRA, funds are deducted from the FSA first.
- Can be used at the time of service to pay for covered eligible expenses instead of filing a paper claim for reimbursement. (It is not available to pay for Dependent Care FSA expenses)



Humana Access Card can be used for:

➤ OTC drugs (visit <u>www.kehp.ky.gov</u> for a more comprehensive list)

- Co-payments
- Co-insurance
- Deductibles
- > Eye glasses
- Dental services, etc.







Humana Access Card (HAC)

Humana may request substantiation (proof) of services.

Note: If Humana does not receive substantiation within 30 days from the initial HAC swipe, then they will request substantiation from you. If it is not received within 30 days from the request (60 days from initial HAC swipe), then the HAC will be suspended. Suspension will also include reimbursements for traditional paper claims.

Save your receipts!



Over 40% of all KEHP members experience less than \$1000 in medical and pharmacy expenses, and would have \$0 out-of-pocket expenses under the Maximum Choice Plan.

Commonwealth Maximum Choice plan is a good choice for people at both ends of the healthcare spectrum.

- People who are healthy and have few, if any, medical expenses; and
- People who have chronic or other significant medical conditions with above-average expenses

Considerations members should make before selecting the Commonwealth Maximum Choice plan.

- ➤ Monthly prescription costs
- ➤ Medical treatment/equipment needs

NOTE: After HRA has been exhausted, the member will be responsible for pharmacy and medical services in full to until deductible and max out-of-pocket is reached. Member should be aware of the expenses for prescriptions and medical services when electing the Commonwealth Maximum Choice plan. Members out-of-pocket expenses, particularly those with family coverage, can be off set through payroll deduction savings (FSA).

Commonwealth Optimum PPO



- ► PPO plan
- ➤ Has a deductible and a maximum out-ofpocket
- Fixed, predictable co-pay for physician office visits, prescription medications, and various other services
- Cood choice for members willing to have larger paycheck deductions in exchange for lower out of pocket cost

Commonwealth Capitol Choice



Hybrid health plan that combines modern, consumer-driven health plan with features of a traditional PPO

- Consumer driven because it offers \$500 benefit allowance per family member
- ➤ Offers predictable office visit and pharmacy co-pays like a PPO
- ➤ Has a deductible and a maximum out-of-pocket
- ➤ Beneficial for members with annual medical expenses below \$500, those who are looking for a plan with excellent in-patient facility benefits, or members whose medical expenses are mostly primary care physician office visits, and pharmacy

copayments

Commonwealth Capitol Choice



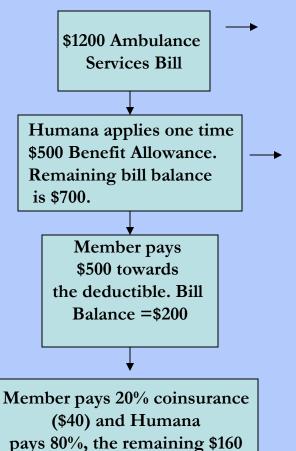
\$500 Benefit Allowance

- Can not be used for co-pays and does not pay towards the deductible
- ► Is not an HRA and will not roll over
- Can not be used for non-medical or out-of-network services
- Member cannot decide how the Benefit Allowance is applied, it is utilized as claims are processed
- ➤ Is not reduced by office visits
- Is only reduced by charges that are applied to deductible/coinsurance

Commonwealth Capitol Choice



How the \$500 Benefit Allowance is applied on a single plan. (seeing the benefit)



Member is responsible for deductible and 20% co-insurance after the one time \$500 benefit allowance is applied.

Remaining Bill = \$700



Commonwealth Standard PPO



- ➤ Value based traditional PPO plan
- ➤ Higher deductibles, higher member coinsurance percentages and higher annual out-of-pocket
- > Lower premiums
- > Routine and preventive care paid at 100%
- ➤ Member pays 25% towards prescriptions

Commonwealth Standard PPO



Things to consider before electing the Commonwealth Standard PPO:



Routine/Preventive paid at 100%. Diagnosis of any covered illness or condition is subject to deductible and co-insurance

Example:

Member goes to the doctor for routine physical. The doctor draws blood, and performs an examination.

Member is told that everything looks good. Physician charge is \$65 and member cost for routine physical is \$0.

Commonwealth Standard PPO

- HEALTH PLAN
- Good choice for members who are mainly interested in good, basic plan to provide catastrophic coverage
- Good choice for healthy individuals who rarely go to the doctor
- Good choice for members who want dependent coverage at a lower price







Webinars

• One (1) summary review for all plans

• Four (4) plan specific in brief detail

These will be available at: kehp.ky.gov and

myhumana.com



2010 Benefit Enhancements



Preventive Colonoscopy

- Removal of polyps during a preventive (routine) colonoscopy will be charged as a preventive procedure rather than being billed as separate diagnostic or surgical charges on all benefit plans.

Commonwealth Capitol Choice Benefit Allowance

- After a member pays physician office visit co-pay, the remaining cost of the physician office visit will be paid by KEHP without being deducted from the member's \$500 Up-Front Benefit Allowance.



2010 Benefit Enhancements

Commonwealth Standard PPO Deductible

- In-network deductible for single coverage will be reduced from \$750 to \$500 with \$0 employee contribution. The premiums for other levels of coverage in this plan have also been dramatically reduced with no loss of benefits.

2010 Benefit Changes



Physician Office Visit Co-Pays

- The physician office visit co-pays will increase just \$5 for Specialists in the Commonwealth Optimum PPO and Commonwealth Capitol Choice plans. Physician office visit co-pays for Primary care Physicians (PCPs) will not change. PCPs include general practitioners, family practitioners, internists, pediatricians, chiropractors and OB/GYNs.

2010 Benefit Changes



Commonwealth Optimum PPO Deductibles

- The in-network deductible for single coverage will be changed from \$250 to \$300
- The in-network deductible for family coverage will be changed from \$500 to \$600
- The out-of-network deductible for single coverage will be changed from \$500 to \$600
- The out-of-network deductible for family coverage will be changed from \$1,000 to \$1,200





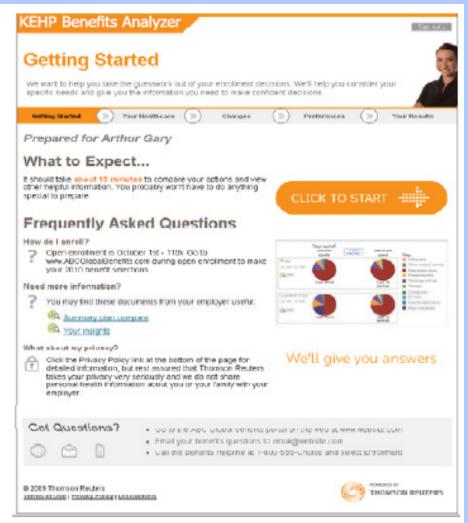
Pre-Enrollment Planning Tool (New for 2010)

This tool will provide you a personalized, healthcare "cost and use" summary to help you make informed decisions during the Open Enrollment process.

- 1) Your Healthcare Activity –Review this to see your past healthcare spending.
- 2) Changes for Next Year- Let's you include anticipated changes to your healthcare needs for the coming year
- 3) Your Coverage Preferences provides a few preferences that will help the KEHP Benefits Analyzer provide you with some additional things to think about.
- 4) Review Your Results Review comparisons of your available plan options, spending account considerations and even preventive care recommendations for the coming year.

KEHP Benefits Analyzer





- Provided to you by KEHP through a partnership with its creator, Thomson Reuters, world leader in innovative, information technology.
- KEHP does not have access to your personal health information

KEHP Wellness Hotline



(Beginning October 1, 2009)

Have you ever thought about having your own, personal health coach or nurse to help you increase your activity level, stop smoking, lose weight or better manage a chronic condition? Not sure who to call? Beginning October 1, 2009, KEHP will offer the KEHP Wellness Hotline – 877-KEHPWELL, a "one-stop shopping" for KEHP wellness services.

- Health risk assessments by Humana
- Health coaching by LifeSynch
- Disease management by ActiveHealth
- Virgin HealthMiles
- Cooper-Clayton Smoking Cessation
- Kentucky Quit Line
- Why Weight Kentucky

At KEHP, "Members Matter"



Forms

Enrollment Application



/www.												
EN PA	Y EMPLOYE PY 20 OLLMENT A R ACTIVE E	10 PPLIC	MOITAC	PLAN	\top	7	\mp	/ 1				
Reacon for Application:	pen Errollment		TUN	ew Group		SO 0	nk l					
	reuloussly (Clastic		<u>□</u> ö					mbo wor	i			
P you previously waved, man Date.	kad "Olhar" o Guallyng Evr			in the Gua	ifymg Ex	ment	Dale A	ND a d	iaco gian o' II	ha Qual	Yang Eva	-
Additional intermation:												
I am covered under my plan covered under my agroces cover Harrandous Duly Plan agroces intermed plan Harrand Palement		unde s so Dui		Mack	iam covered under a Medica e Supplemental pla linough a atale aportoced ulerment system				lam a dual employee			
BECTION I: DEMOGRAPHIC	O IN BOIDERA	TO M		- 00 NT					Snedang Sta	tus il t	equined i	
									kanayor amol Baliai 2 modb		0 7es	D N
Social Security Number Date of Sire (1994) Dat									Gender Mental S D Atala D Atala D Fermin D Single			
Phylip	Employeetes	P+		- R	irkohara	F#U		arpeen 4 Cown	Wat Coulding			_
Photose BECTION III: PLAN BELECTI 1. Opdom (Oraclor) one)		u yedşih		e (l. e. elec		o vor	- Wa	e Come Skilp is	580 дал V			_
BECTION II: PLAN BELECTI	ОМ Луон	u wdsh 21ac	i in wedi Watawa	e (l. e. elec		o vor	- Wa	e Come Skilp is	•			_
BECTION II: PLAN BELECTI 1. Option (Charles) and	ON Jryan	u widsh 21-40	i is well	ව /J.ව. ජවර ඉණ		o vor	973 2000, 3 2000	d Course skip e outstand outstand outstand	a Seedan V norwyser ope for Fire Code	#+o#		_
1. Opdom (Dischar) con	ON Jryan	u veds.h ≥Lev:	l ID Wedle WarCover - Shylle	ව /J.ව. ජවර ඉණ		over	Walls	Course Child R Child Bible Child be	а Sacdan V понутите отс на Fun i Cover.	A + O H		_
BECTION II: PLAN BELECTI 1. Option (Outlier) and - Connectable Uphen (MC) - Connectable Ophen (MC)	ON Jyan	u veds.h	i Pa Wedi WarCover - Shyle - Punan Ph	ව /J.ව. ජවර ඉණ		over	Walls	Course Child R Child Bible Child be	a Seedan V norwyser ope for Fire Code	A + O H		_
B ECTION II: PLAN BELECTI 1. Orden (Charlot) and - Connective His handle - Connective Option PPC - Connective Option PPC	ON Jyo	DENT	I 55 WOULD Wind Court - Shight - Paner Ph - Couple - Farelly IN PO FBU	е (1.0. обос ге 	ellos) co	TI P	Wallson, 1	Course skilp in the state of th	o Socidan V naceography upo de Fand, Court nacepeur across de acriso Nace	SON MARCON MARCON MARCON MARCON SANJO PO SANJO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO S		W
BECTION II: PLAN BELECTI 1.Opdon (District one)	ON Jyo	DENT	I RI WEUL War Court - Shigle - Puner Ph - Couple - Funelly	е (1.0. обос ге 	ellos) co	TI P	Walter State of State	Course skilp in the state of th	Section V	SON MARCON MARCON MARCON MARCON SANJO PO SANJO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO S	s. Sector	W
BECTION II: PLAN BELECTI 1.Opdon (District one)	ON Jyo	DENT	I 55 WOULD Wind Court - Shight - Paner Ph - Couple - Farelly IN PO FBU	е (1.0. обос ге 	ellos) co	TI P	Water Street	Course skilp in the state of th	Section V	SON MARCON MARCON MARCON MARCON SANJO PO SANJO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO S	s. Sector	W
BECTION II: PLAN BELECTI 1.Opdon (District one)	ON Jyo	DENT	I 55 WOULD Wind Court - Shight - Paner Ph - Couple - Farelly IN PO FBU	е (1.0. обос ге 	ellos) co	TI P	Woods, 1	Course skilp in the state of th	Section V	SON MARCON MARCON MARCON MARCON SANJO PO SANJO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO S	s. Sector	W
BECTION III: PLAN BELECTI 1. Opdon (Discher) and	ON Jyo	DENT	I 55 WOULD Wind Court - Shight - Paner Ph - Couple - Farelly IN PO FBU	е (1.0. обос ге 	ellos) co	TO POSSIBLE H	Wassers of the second of the s	Course skilp in the state of th	Section V	SON MARCON MARCON MARCON MARCON SANJO PO SANJO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO S	s. Sector	v
BECTION II: PLAN BELECTI 1.Opdon (District one)	ON Jyo	DENT	I 55 WOULD Wind Court - Shight - Paner Ph - Couple - Farelly IN PO FBU	е (1.0. обос ге 	ellos) co	The Solid	Wasses	Course skilp in the state of th	Section V	SON MARCON MARCON MARCON MARCON SANJO PO SANJO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO SANJO PO S	s. Sector	v
BECTION II: PLAN BELECTI 1. Option (Darker) and	ON J you	DENTI	I PS Weeks *Shale *ParentPh *Coople *Faren *Faren	е д.е. обосности	// you	TO SOLE H	Was apply to the set of the set o	Course Co	Section V Section V Section V Section Secti	SALP ON SALP OF SALP O	Socian Socian Socian Social	v
BECTION II: PLAN BELECTI 1.Option (District) and	ON J.J. par	DENTI	I PS Weeks *Shale *ParentPh *Coople *Faren *Faren	е д.е. обосности	J you	TO SOLE H	Was apply to the set of the set o	Course Co	Social Victorial Victoria Victorial Victoria Victorial Victorial Victor	SALP ON SALP OF SALP O	Socian Socian Socian Social	
BECTION II: PLAN BELECTI 1. Option (Darker) and	ON J you	DENTI	I PS Weeks *Shale *ParentPh *Coople *Faren *Faren	е д.е. обосности	// you	50kg	Was applied to the property of	Single	Section V Section V Section V Section Secti	sen sylven ig sentre effective of the sentre	Sociani Saria Saria Saria Saria	

Use an Enrollment Application to:

- ➤ Enroll in new coverage
- Enroll in a waiver with a stand-alone HRA
- ➤ Select a cross-reference payment option
- > Request an option change

Post Tax Request Form



KENTUCKY EMPLOYEES HEALTH PLAN

PY 2009

POST TAX REQUEST FORM

The Kentucky Employees Health Plan (KEHP) is an I.R.C. Section 125 Cafeteria plan, which allows for pre-tax salary reductions for Qualified Benefits. All KEHP participants shall have pre-tax salary reductions unless 1) the participant affirmatively elects post-tax salary reductions or 2) the participant affirmatively elects to enroll a dependent who does not qualify as a I.R.C. Section 152 tax dependent (i.e. qualifying child or qualifying relative) thereby requiring post-tax salary reductions. If you would like to change your pre-tax salary reductions to post-tax, or you elect to enroll a dependent who does not qualify as an I.R.C. Section 152 tax dependent, please complete this form and submit it to your HR Administrator (i.e. Payroll Officer, Insurance Coordinator, and/or Personnel Administrator).

DEMOGRAPHIC INFORMATION	→ Please PRINT	
Social Security Number	Date of Birth (AM/DD/YYYY)	
NAME (First, MI, Last)		-
Mailing Address		
City, State, Zip Code	County of Residence	Country / Mail Code, if not USA
Company Number	Employer Name	

AUTHORIZATION AND CERTIFICATION

- I hereby affirmatively elect to waive participation in the Qualified Benefits under the KEHP I.R.C. Section 125 Cafeteria Plan and participate with post-tax salary reductions.
- I understand that I may not have another opportunity to participate with pre-tax salary reductions until a subsequent open enrollment period.
- I understand that signing this form does not cancel my health insurance coverage, only affirms my election to participate in post-tax salary reductions.
- I have reviewed the I.R.C. Section 152 tax dependent definitions of qualifying child or qualifying relative as well the KEHP dependent eligibility requirements under KSR 304-17A.256.
- * I understand that by affirmatively electing to enroll dependent(s) that do not qualify as I.R.C. Section 152 tax dependents I will be required to change to post-tax salary reductions.

Use Post Tax Request Form

to:

- Change pre-tax salary reductions to post- tax.
- Members who elect to enroll a dependent that does not qualify as an I.R.C. Section 152 tax dependent.

Transmittal Log Sheet



PERSONNEL CABINET ENROLLMENT INFORMATION BRANCH HEALTH INSURANCE TRANSMITTAL LOG

DATE SHIPPED:/	COMPANY N	UMBER:	AGENCY NAME:
SI	ENT		RECEIVED
LAST NAME	SSN	A C F O P O S T P N A H L T E R	A C F O COMMENTS P O S T P N A H L T E R
		++++	

Use a Transmittal Log to:

- >Account for forms and/or
- >documents mailed to the DEI

All forms are available at:

http://personnel.ky.gov/dei/09planyear/inscoord.htm

Authorization For Disclosure



Commonwealth of Kentucky Department for Employee Insurance

AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION BY THE DEPARTMENT FOR EMPLOYEE INSURANCE

I, (1)		(Print Name of Employee)		/_	/
		(Print Name of Employee)	(Social Security Number)	(Date o	of Birth)
authorize the De	epart	ment for Employee Insurance to provide	the following specific i	nformation:	
(2)					
to: (3)		my (4)ized Person to Receive Information)			
(Name of A	Author	ized Person to Receive Information)	(Authorized Person's I	Relationship to Em	ployee)
whose mailing a	addre	SS 18: (5)Mailing Address			
			City	State Zip code	Telephone
The information	ı will	be used to: (6)			
Decreed or ab				i 41. a 41.	- disalassas
		to verify identity of the authorized perso	n receiving information	m me event m	e disclosure
is by phone. (/)		(i.e. Smith, or Disneyworld, or I	Frizzel)		
Hint for nasswo	rd or	nhrase: (8)			
Time for passwo	14 01	phrase: (8) (i.e. Mother's maiden nar	ne, or Favorite vacation destinati	ion, or Pet's name)	
			1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	" 10	1.0 .
I understand that:	a.	The only information disclosed will pertain to Events.	o eligibility; enrollment; diser	iroliment and Qu	alifying
	b.	All issues concerning payment of claims and			
		Department for Employee Insurance. Any in additional authorization form to be completed		om the carrier ma	y require an
	c.	I can revoke this authorization before it ends, calling:		lisclosed, by writi	ng to or by
		Department for Employee I			
		200 Fair Oaks Lane, Suite : Frankfort, KY 40601	502		
	d.	There may be a reasonable, cost based fee cha	rged by the Department for E	mployee Insuran	e to process the
		requested information.			
	ρ.	Postage (as necessary) shall be charged. ** The information released under this author	ization may be subject to re-d	licalacura by tha	wthorized
	٠.	person (10) below and the re-disclosure may			
This authorizati	i.	good until m			
THIS AUDIOTIZALI	011 15	good until (9) Plan Year or	Event		
(10)				/	/
(Si	gnatur	e of Employee) **		Date	
(11)					
		Mailing Address	City	State	Zip code
				For Official U	a Only
				- or ornicial o	
				UserID	
				OSEIID	

Upon completing Authorization Disclosure:

- Sign and Date form
- Make Copy for Insurance Coordinator and Member
- Forward Original to the Enrollment Information Branch

IC/AIC Change Form



IC / ASSOCIATE IC NOTIFICATION-CHANGE FORM

Department for Employee Insurance Enrollment Information Branch 501 High Street, 2nd Floor Ph# (502) 564-1205 Fax# (502) 564-1085 Attn: Teresa Shipley

Please notify DEI if you experience a change of IC, your IC is no longer performing IC duties or your IC leaves your employment. Only the primary insurance Coordinator can be set up in our system to receive automatic email.

Company Number	Agency Name
Main Insurance Coordi	nator Name
SSN	Birthday
Email Address	
Phone Number	Fax Number
Begin Date	End Date
Do you need Web QE Access w	ith Ceridian? Yes / No (To trigger COBRA notification)
Is your fax machine HIPAA co	mpliant? Yes / No (Is this machine used by the IC/ AIC only?)
A	ssociate Insurance Coordinators
Company Number	Agency Name
Associate Insurance Co	ordinator Name
SSN	Birthday
Email Address	
Phone Number	Fax Number
Begin Date	End Date
Do you need Web QE	Access with Ceridian? Yes / No (To trigger COBRA notification)
Is your fax machine H	HPAA compliant? Yes / No (Is this machine used by the IC/ AIC only?)
Company Number	Agency Name
Associate Insurance Co	ordinator Name
SSN	Birthday
Email Address	
Phone Number	Fax Number
Begin Date	End Date
Do you need Web QE	Access with Ceridian? Yes / No (To trigger COBRA notification)

Is your fax machine HIPAA compliant? Yes / No (Is this machine used by the IC/ AIC only?)

Use this form to:

► Update IC and AIC information

Submit IC and AIC information immediately to Teresa Shipley in the Enrollment Information Branch

Website for forms and other information





Personnel Cabinet

Serving the People Who Serve the People

Home | Job Seekers | State Employees | Management | HR Administrators | Retirees | GEAC | Journey to Wellness | Money Works

Personnel Cabinet > Employee Insurance > 2009 Health Insurance > Insurance Coordinators (Information and Forms)

Kentucky
KEHP Home
About Us
2009 Open Enrollment
2009 Health Insurance
COBRA
Health Benefits
Insurance Coordinators (Information and Forms)
Member Forms
Rates
Web Enrollment
2009 Flexible Spending
Accounts & Health Reimbursement Accounts
Journey to Wellness
Virgin HealthMiles
2008 Health Insurance
2008 Flexible Spending
Accounts & Health Reimbursement Accounts
2007 Flexible Spending
Accounts & Health Reimbursements
Advisory Committee of
State Health Insurance Subscribers
Historical Information
KEHP Presentations
Kentucky Group Health Insurance Board
Other Links
Privacy Act (HIPAA)
Contact Us

Insurance Coordinators

Training and Information

- Insurance Coordinator Responsibilities (PDF 18 KB)
- New Insurance Coordinator Training Presentation (PDF 876 KB)
- Insurance Coordinator Listing (PDF 158 KB)

Forms

- . Transmittal Log (PDF 10 KB)
- Health Insurance Update Form (PDF 39 KB)
- Dependent Add Form (PDF 73 KB)
- Dependent Drop Form (PDF 71 KB)
- Post Tax Request Form (PDF 31 KB)
- Non-Smoker Affidavit (PDF 19 KB)
- o Smoking Status Change Memo (PDF 73 KB)
- Insurance Coordinator Verification Form (PDF 39 KB)
- Health Insurance Checklist for New Employees (PDF 37 KB)
- FSA Qualifying Event Change Form (PDF 67 KB)
- Medicaid Eligibility/Termination Form and Instructions (PDF 40 KB)

Coordinator's Corner

September, 2008 Coordinator's Corner Newsletter (PDF - 282 KB)

March 2009 Coordinator's Corner Newsletter (PDF - 689 KB)

Related Content

2009 Active Employee Application (PDF - 64 KB)

2009 Kentucky Retirement System Retiree Application (PDF 35 KB)

2009 Kentucky Retirement System Retiree Application Instructions (PDF 35 KB)

2009 Kentucky Teachers' Retirement System Retiree Application (PDF 34 KB)

2009 Kentucky Teachers'
Retirement System Retiree
Application Instructions (PDF 34 KB)

2009 Judicial and Legislative Retirement Systems Retiree Application (PDF 31 KB)

2009 Judicial and Legislative Retirement Systems Retiree Application Instructions (PDF 31 KB)

2009 Post Tax request form (PDF - 32 KB)

2009 Add Form (PDF - 74 KB)

2009 Drop Form (PDF - 72 KB)

FSA Qualifying Event Change Form (PDF - 68 KB)

Transmittal Log (PDF - 11 KB)

Verification Form (PDF - 40

http://personnel.ky.gov/dei/09planyear/inscoord.htm



KEHP... Online



KEHP...Online



Visit our Website

http://personnel.ky.gov/dei/default.htm

KEHP's Website is full of helpful information!

You will find:

- ✓ Link to our web enrollment system *Your KEHP Online Access*
- ✓ KEHP Enrollment Handbook
- ✓ Medical Summary Plan Descriptions (SPDs) for each of the four plan options (2010 SPDs will be available in January 2010.)
- ✓ Pharmacy Summary Plan Descriptions (SPDs) for each of the four plan options (2010 SPDs will be available in January 2010.)
- ✓ Healthcare FSA, Dependent Care FSA and Waiver HRA Summary Plan Descriptions

KEHP...Online



- ✓ Useful links to Humana, ESI, Journey to Wellness, KRS and KTRS
- ✓ COBRA information
- ✓ FSA Reimbursement Form, Dependent Add and Drop Forms, Update Forms, Post-Tax Request Forms, etc.
- ✓ Special section for Insurance Coordinators
- ✓ Prior year's information ...and more!



Humana... Online



Humana Contact information

- 877-597-7474 (877-KYSPIRIT)
- Secure Web site: http://kyhealthplan.humana.com or www.humana.com

Web site contains:

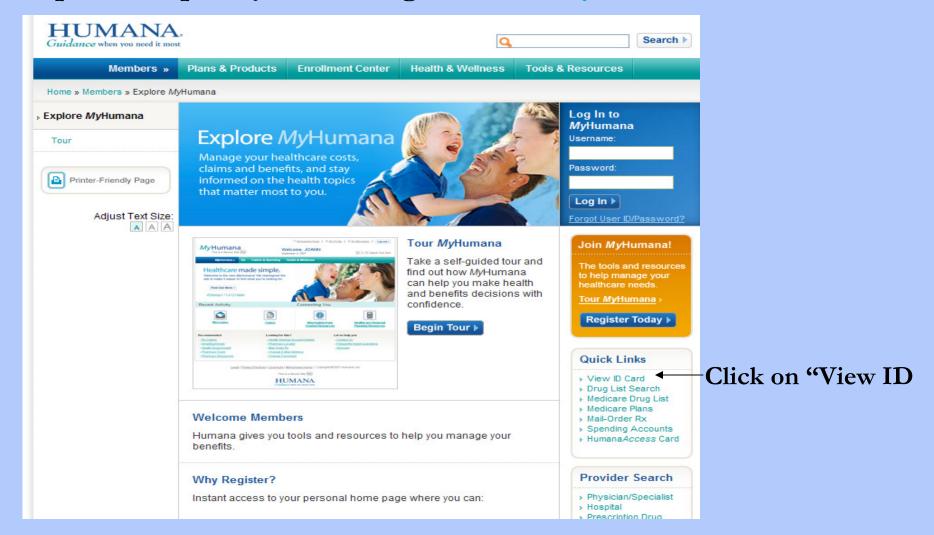
- **✓**Forms
- ✓ Reference guides
- ✓ Personal Health Assessment (PHA)
- ✓ Provider information



Humana... Online



To print temporary ID cards go to www.myhumana.com

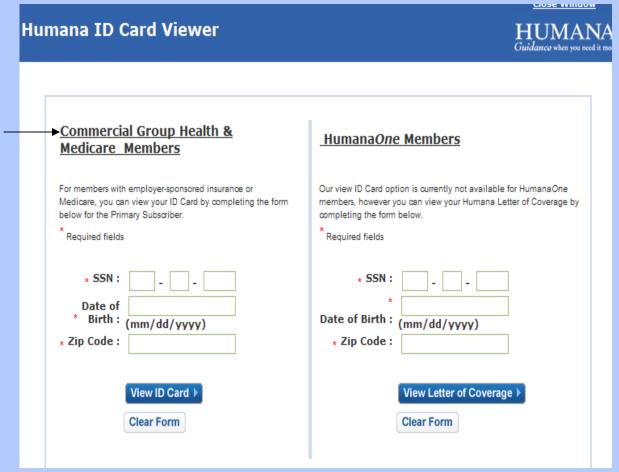


Humana... Online

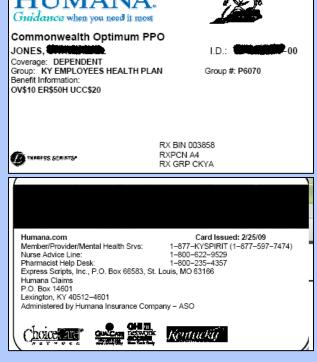


Enter the requested information into the Commercial Group Health

Section and click "Enter"



You will be presented with cards you can print



ESI...Online



Express Scripts, Inc. (ESI)

Contact information

- 877-597-7474 (877-KYSPIRIT)
- Secure Web site <u>www.express-scripts.com</u>

Use Web site to:

- Order prescriptions
- Order refills
- Track your order
- Check the prescription refill balance
- Check prices
- Print listing of filled prescriptions
- Print coupons for in-store purchases



ESI...Online







News and Notes



Reminders



- Send faxes and emails pertaining to pended applications directly to the staff person who is processing the document
- Notify EIB via a phone call about access-to-care issues. This will ensure expedited service
- Report IC changes immediately
 - Complete the online form at http://personnel.ky.gov/dei/09planyear/inscoord.htm
 - ➤ Print and mail the form to Department of Employee Insurance, Enrollment Information Branch

Reminders



- ➤ Do not make changes in payroll until QE has been processed in the Group Health Insurance (GHI) system
- Ensure that all applicable information sent to you from the DEI is forwarded to your employees!





HIPAA

All Insurance Coordinators need to complete HIPAA training via the web site listed below. The online HIPAA training will be available by October 1st, 2009, and the training must be completed by October 31st, 2009. Directions will be sent in the next few weeks.